

liabilities for Medicare alone, and here we are passing a bill that is using up the resources we might otherwise use to make it solvent.

Instead of doing that, we are leveraging a whole new entitlement. I heard some of the pundits this morning parroting some of the things I have heard from my friends on the other side of the aisle. Let's pass this bill. We know it is not very good, but we will fix it as we move along.

What I fear is the way we are going to fix it, we are going to fix it by adding tremendous debt on future generations. My guess is over the next very short period—2 or 3 months—the other side of the aisle is going to come right back up here with a huge, several hundred billion dollar unpaid bill to deal with one of these issues we have been talking about. That is the way business is done here.

Mr. COBURN. The Senator raises a good question. How long have we known and how long has Medicare been in trouble that we haven't fixed it? We will not fix it. We will do exactly what the Senator says, what we always do, what we have done since I have been in this body. We put the credit card into the machine and say: Transfer this to your grandkids. We take no pain ourselves. What is lacking in our country today is moral character to lead on the basis of sacrifice. It should start with us as Senators in this body.

Mr. President, I understand our time has expired.

The PRESIDING OFFICER. The minority's time has expired.

Mr. COBURN. Mr. President, I thank the Chair, and I look forward to hearing the remarks in the cloakroom of the chairman of the Finance Committee.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, just a couple, three points here, and I see the Senator from Ohio wishes to speak.

Several times during this afternoon, Senators on the other side of the aisle, in my judgment, put on a little demonstration of trying to offer amendments. They repeatedly asked consent to suspend the normal working of the cloture rule to offer amendments. Earlier, I note for the RECORD, they slow-walked the process when an amendment was in order. They wanted the whole amendment read. And now they are trying to offer amendments, again, to slow down the process. This is clearly a tactic to slow the process. It is not part of the regular order. That is clearly what is going on here. Those were not, despite the protestations to the contrary, serious amendments.

Normally, when a Senator offers a unanimous consent request, they allow the other side to speak briefly on the subject, at least on the reservation of the right to object. That was not allowed here. My colleagues did not allow me that courtesy earlier today, to comment with a reservation of the right to object. So I want to take a mo-

ment now to explain what they are really up to. I could not because they would not give me the courtesy to say any words during the reservation. That is why I made that statement.

I heard one Senator from the other side of the aisle complain that the majority is holding tonight's vote at 1 a.m. in the morning on the cloture motion. Let me set the record straight. The majority would be happy to have this vote earlier. We would be happy to have this vote maybe in 10 or 15 minutes from now. We would be happy to have this vote at a decent time. It does not have to be at 1 a.m. tomorrow. It is the other side which is insisting that vote be at 1 a.m. in the morning. So it is they who are insisting on enforcing the letter of the Senate rules. It is their right, but it is also they who are insisting on delay.

I also want to put to bed some of the assertions that they claim this bill does not do real health care reform. Let me mention a few health care reform provisions in this bill.

Mr. President, I do not know if you or any of my colleagues have read this second article in the New Yorker magazine by Atul Gawande. The first article talks about two towns in Texas, basically. The second is basically looking to see whether this bill does reform health care and whether it does cut down health care costs. It is an article I highly recommend to all of my colleagues in a recent issue of the New Yorker magazine.

But, basically, Dr. Gawande concludes this bill includes all of the constructive provisions health care economists, stakeholders, and people who have studied this issue suggest should be part of health care reform. That is his conclusion anyway. I am happy he said that because we worked mightily to make sure we have all the provisions we can here to help constrain health care costs.

What are they? Well, one—although some may disagree with the policy—is an excise tax on high-cost plans, so-called Cadillac plans. It is a bit debatable. Last night I saw a TV ad where a group was advocating passage of this bill: But just not my high-cost plan. Pass the bill, but just not my high-cost plan. I understand the tenor and import of that TV ad, but the main point is, we do have to begin to limit to some degree the excessive cost of some plans, and I think we are very fair and modest here in proposing an excise tax on those high-cost plans. The trick is to set the level at the proper level, not too high, not too low. I think this bill does that.

In addition, all the delivery system reforms this bill enacts with respect to Medicare are so important to improving quality and reducing excess costs. We all know through history that when we reform Medicare and make changes in Medicare, the private sector follows. So the private commercial market will follow whatever Congress does with respect to Medicare; and that is, make

good, positive changes. Why? Because Medicare is such a large provider of care, it tends to have a real effect on what other providers do.

What are some of those? Well, basically, we start to change the way we pay doctors and hospitals; that is, we start to pay on the basis of value rather than volume, that is quality rather than quantity. The paradox of that is, when people stop to think about it, we are going to both cut down costs and increase value at the same time because we will be focused on quality. When you focus on quality—not just quantity, not the whole volume of services, but, rather, focus on quality—you are going to get better quality, but your costs are going to go down because you are not reimbursing things such as excessive MRIs, excessive CAT scans, excessive high-cost procedures that do not, in many cases, get to the quality of health care but, rather, are very expensive, and Medicare pays for them. So we are moving more toward reimbursing based on quality and value than quantity.

What else is reform of the health care industry? One is bundled payments and the shared-savings program, which we refer to as accountable care organizations. This allows hospitals and groups to get together to cut down costs. We have bundling in here, which is another idea that moves along the same lines. I might add, too, the CMS Innovation Center and the Independent Payment Advisory Board suggest some of these.

The bill makes it easier for employers to offer workplace wellness programs. We give employers greater flexibility to offer premium discounts for workers who are committed to leading healthier lifestyles. There is a lot of emphasis here on wellness and lifestyles. We give incentives to employers to have wellness programs and preventive programs, which will help, obviously, the worker, but, in addition to that, cut down costs.

There are other provisions here. This bill keeps getting stronger. The so-called freshmen package, led by Senator WARNER, will give the Secretary additional authority to expand delivery system reforms. It expands the scope of the Medicare board to the private sector.

There are many other provisions in here.

The Nation's employers, through the leadership of the BRT, played an important role in developing that package.

And the manager's amendment included a provision that will provide greater access to Medicare data to measure performance.

It is no exaggeration to say that this bill will revolutionize health care.

But don't take my word for it. The 23 economists who wrote to the President agree.

Mr. President, I ask unanimous consent that letter from these economists be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows: